

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17130

2238

FILED JUN 7 1943
Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
529 Cypress Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME

William Schmidt

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased July - 10 - 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business no record

12. Name no record

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name "

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Henry Schmidt

(b) Address 2006 East 44th St.

17. (a) Burial (b) Date thereof 5-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kearney Mo.

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Trent

19. (a) 5/14/43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Kearney
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from Apr 30 1943, to May 12 1943
that I last saw him alive on May 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration

Due to Senility

Due to GA

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. D. H. M. D. (M. D. or other)

Address 1803 Washington Date signed 5/14/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Guy B. Buffington

Licensed Embalmer No. *2756*

P. O. Address *K. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.